

No. 2
-13-40
17-39
X23199

FILED JUL 11 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21467

State File No.

Registration District No. 210

Primary Registration District No. 5289

Registrar's No. 11

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural Lafayette Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton ²⁵

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME French M Hyatt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1941 hour 5 minute 10 P.M.

4. Sex Male (M) 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25th, 1941, to June 20th, 1941 that I last saw him alive on June 20th, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>20</u>	hr. _____ min.

Immediate cause of death Cancer of prostate gland and
know

Due to _____

Due to _____

9. Birthplace _____ (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name George Hyatt

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Ellen Ritchey

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Hyatt

(b) Address South Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion (Clinton County)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director O'Brien - Lyon

(b) Address Plattsburg Mo.

19. (a) June 21, 1941 (Date received local registrar)

(b) Wm. John Roy (Registrar's signature)

23. Signature J. C. Starke M.D. (M. D. or other) D

Address Lawson Mo. Date signed 6-21-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.